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Abstract

This annctated biblicgraphy contains references to 60 articles published between 1962 and 1969 on the uses of television and videotape in psychiatry and psychiatric education. A subject index, listing authors under areas such as patient confrontations, group psychotherapy, measuring instruments, resident training, review articles, and undergraduate training, is included. (SP)

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ANNOTATED BIBLIOGRAPHY ON TELEVISION AND VIDEOTAPE IN PSYCHIATRY

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The attached bibliography contains a selection of articles published between 1962-1969 which were considered significant contributions to the literature on television in psychiatry. Purposely omitted were publications which deal with the use of TV in general medical education, and which mention psychiatry only briefly. The author is solely responsible for omission of significant items.

The attached brief subject index should facilitate use of the bibliography.

Brigitte L. Kenney

April 1969

Adler, Leta McKinney, John E. Ware, Allen J. Enelow
Learning Achievement from 'Programmed Instruction in Medical Interviewing'. J.Med.Educ. 43:1087-1088(1968)

University of Southern California's Department of Psychiatry designed a method for evaluation of learning achievement utilizing programmed instruction techniques and videotapes. Tests consisted of two videotaped medical interviews, interrupted at nine points to allow the viewer a choice of three alternative steps to proceed. "Before and After" test scores revealed that programmed learning was equal or superior to traditional teaching methods.

Affleck, D.Craig
Two-Way TV in Group Psychotherapy. Counc.Med.Telev.Newsl.June 1962:2-3.

At the Nebraska Psychiatric Institute, eight patient groups and two therapists participated in an experiment to assess the role of television in group therapy. Four groups were televised and four were not; each group had six sessions with the therapist, who appeared on the TV screen, rather than being part of the group. Ratings by both patients and therapists showed significant differences between therapists, but no difference in groups which were televised as opposed to those which were not.

Alger, Ian, Peter Hogan
Enduring Effects of Videotape Playback Experience on Family and Marital Relationships. Amer.J.Orthopsychiat.39:86-98(1969)

Since 1965, both authors have used videotaped playbacks in their private practice with seventy-five families and couples. Residual effects of playback has been considerable over a period of time. Feelings of mutuality of effort between therapist and patients was increased, patients' self-image affected favorably, and they became, in effect, co-diagnosticians.

Alger, Ian, Peter Hogan
The Use of Videotape Recordings in Conjoint Marital Therapy. Am.J.Psychiat. 123:1425-1430(1967)

Authors used visible camera in recording 10-minute sessions with married couples. Immediate playback allowed stopping, discussion and clarification, as well as sharpened perception of self-image by patients. Patients tended to change merely by observing themselves in interaction with one another and the therapist, rather than through therapeutic intervention.

Benschoter, Reba Ann, Cecil L. Wittson, Charles G. Ingham
Teaching and Consultation by Television.I. Closed Circuit Collaboration. Ment.Hosp.16:99-100(1965)

The Nebraska Psychiatric Institute began a 2-way closed circuit television system linking itself to the State Mental Hospital in Norfolk in 1964. The project set out to determine if television could overcome the distance barrier between a remote state hospital and the university medical center. Grand Rounds at Medical Center, post-graduate teaching for GPs and expert consultation from medical center were main uses in the beginning.

Benschoter, Reba Ann
Multipurpose Television. Ann.NY.Acad.Sci.142:471-478(1967)

Two closed-circuit television systems are presently in operation at the Nebraska Psychiatric Institute. One is used for internal purposes, the other links the Institute to the State Mental Hospital in Norfolk. The systems are utilized primarily for replay of videotapes for teaching purposes; they are considered a teaching aid rather than a replacement. Electronic face-to-face communication is provided between the two institutions for 24 hours a day, which has resulted in improved training for mental hospital personnel, improved service to patients, increased collaborative research activity, and the use of state mental hospital resources for teaching programs at the Institute.

Benschoter, Reba Ann, Merrill T. Eaton, Pringle Smith
Use of Videotape to Provide Individual Instruction in Techniques of Psychotherapy. J.Med.Educ.40:1159-1161(1965)

Instructional use of television is described, primarily for resident training. Disadvantages have been high unit cost and difficulty of scheduling. Cost accounting revealed an expenditure of $10 per hour, or $500 per resident.

Berger, M. M., D. M. Gallant
The Use of Closed-Circuit Television in the Teaching of Group Psychotherapy. Psychosomatics 6:16-18(1965)

Videotaped group therapy sessions were used at Tulane University Department of Psychiatry to train mental health workers. Students could observe group processes clearly, including the importance of non-verbal communications. Viewers became subjectively involved in watching and discussing patients.

Bloch, Sidney, R. M. Mowbray
Closed-Circuit Television in Undergraduate Psychiatric Teaching. Med.J.Aust. 1:561-562(1968)

The University of Melbourne Department of Psychiatry began a television program in 1967. Its primary teaching purposes are: Sharpening students' interviewing skills, (self-confrontation and supervisor's criticism), students' observance of senior staff members in therapeutic sessions, and demonstrations of group therapy, EST, hypnosis, and the like. Camera and VTR are portable; ordinary light is used. Students reacted favorably to evaluation of program.

Boyd, Harry S., Vernon V. Sisney
Immediate Self-Image Confrontation and Changes in Self-Concept. J.Consult. Psych.31:291-294(1967)

At the VA Hospital in Oklahoma City, changes in self-concept and concepts of interpersonal behavior of psychiatric inpatients were measured by Leary's Interpersonal Check list, following self-confrontation via videotape. A control group was not given the opportunity to see themselves on TV. Interpersonal concepts of the self, the ideal self, and the public self became less pathological and less discrepant, following the confrontation. Differences between TV group and control group were significant.

Cornelison, F. S., T. N. Tausig
A Study of Self-Image Experience at Delaware State Hospital. Delaware Med.J.37:229-231(1964)

Standard interviews of 5-10 minutes duration were conducted and immediately played back to patients. A series of questions were asked of each patient; these, too, were videotaped. This procedure was repeated at intervals of from 2 - 15 days, followed by psychological testing, concerning self-appraisal. Sometimes it appeared that TV and playback were factors in improvement of patients. The usefulness of this procedure was still under discussion at Delaware State Hospital (at the time this article was written).

Cozean, Carole E., Ronald Reivich
TV in Psychiatric Nursing Education: A Preliminary Report. Counc.Med. Telev.Newsl.June 1962:2

At the University of Kansas Medical Center, TV has been used in nursing education in the field of psychiatry. Distance and objectivity are distinct advantages; peripheral distractions are eliminated, particularly when role-playing techniques are used. Non-verbal communication can be more easily observed, particularly when the sound is turned off, and patients are judged solely on what is observable.

Danet, Burton N.
Self-Confrontation in Psychotherapy Reviewed; Videotape Playback as a Clinical Research Tool. Am.J.Psychother.22:245-257(1968)

This review article cites major papers written on television in psychiatry and briefly describes research carried on at the institutions mentioned. Because all of the papers mentioned in the article are included in this bibliography, they will not be mentioned further here.

Gant, Herbert M.
Studies of Closed-Circuit Television in Psychotherapy Yield Promising Results. Psychiat.News,Jan.1968:8-9.

Reviews psychotherapeutic use of closed-circuit television, citing major studies and research results. Finds that although some controversy persists over the use of television in psychiatry, attitudes are generally favorable as indicated by increasing use of this medium in many institutions.

Geertsma, Robert H., Ronald S. Reivich
Repetitive Self-Observation by Videotape Playback. J.Nerv.Ment.Dis. 141:29-41(1965)

At the University of Kansas Medical School, Department of Medical Communications, experiments were conducted with patients viewing themselves on television. The focus was primarily on the patient's psychological reaction rather than possible therapeutic benefits. Patients saw themselves on videotape for eight consecutive sessions, together with therapist, and discussed each session immediately afterwards. Patients were asked to rate themselves, using Cattell's Personality Factors questionnaire. After the initial eight-

week period, patients were not seen for three weeks, then saw seven playbacks again, this time with no accompanying therapy sessions. It was found that patients identified strongly with the observed self, became more objective about self-evaluation, and more certain of possessing desirable qualities. Viewing increased anxiety level, particularly when therapist was not present. Patients' relationship with therapist was of critical importance in determining behavior.

Goldfield, Michael D., Roland Levy
The Use of Television Videotape to Enhance the Therapeutic Value of Psychodrama. Amer.J.Psychiat.125:690-692(1968)

The value of videotape replay of psychodrama is reviewed. At the Langley-Porter Clinic in San Francisco, participants were videotaped, and it was found that they could better recognize not only their actions but their own feelings. Viewing enhanced the skill of the director, who reviewed his own actions and modified them when necessary. The audience became involved in the events by seeing their recorded reactions. Inter-role patterns emerged during replay, which may not have been obvious during the initial viewing. Experiences were relived and catharsis was achieved.

Graham, John D.
Measuring Psychiatric Competence and Curriculum in Undergraduate Medical Education. (Paper presented at the annual meeting of the American Psychiatric Association, Boston, May 16, 1968. In press: Amer.J.Psychiat.)

Psychiatrists and patients at Queen's University and the University of New Mexico share viewing of "programmed" interview, (patient relates life history in such a way as to present a specific clinical problem). Students rated these interviews by the QELP (Queen's Evaluation of Competence in Psychiatry) instrument. It provides for clinical and dynamic diagnosis and for a treatment plan. Analysis of test results showed the usefulness of this method for teaching, certifying therapists' competence and curriculum effectiveness.

Gruenberg, Peter B., Edward H. Liston, George J. Wayne
Intensive Supervision of Psychotherapy with Videotape Recording. Amer.J. Psychother.23:98-105(1969)

The use of videotape to provide long-term supervision of psychiatric residents at the UCLA Center for Health Sciences is described. Effects on therapist, supervisor and patient are discussed. Videotapes are used as part of continuous case presentations. Findings show that supervision becomes more honest and complete, and provides better training method for the resident than traditional ones.

Hess, Joseph W.
A Comparison of Methods for Evaluating Medical Student Skill in Relating to Patients. (Review in J.Med.Educ.43:1092(1968))

At Wayne State University School of Medicine, a comparative study of two methods for rating videotapes of student interview behavior were used. The instruments developed were: Video Form A (similar to Withall's Teacher-Pupil Interaction Analysis System), which requires raters to classify single units of student behavior in eleven categories. Video Form B requires rating by fourteen criteria.

Three physician raters evaluated a series of eight videotapes made by junior medical students. Results showed no significant difference between groups, but did show that students tended to choose the particular study plan best suited to their individual needs.

Kagan, N., D. R. Krathwohl, R. Miller
Stimulated Recall in Therapy Using Videotapes: A Case Study. J.Counsel. Psychol.10:237-243(1963)

IPR (Interpersonal Process Recall), a new technique in stimulated recall methodology, is described as developed at Michigan State University. Participants evaluate videotape playbacks in separate rooms and are encouraged by interrogators at significant points during the playback to recall feelings and interpret behavior. Interruptions are simultaneous so that parallel reactions may be obtained. Several potential uses of this technique are: a) Validation of theory, b) Gaining new insights about the nature of supervisory relationships, c) Examination of group processes, d) Education of counselors, e) Acceleration of psychotherapy. e) is demonstrated by means of a case study. (Partial author abstract).

Kornfield, D. S., C. K. Lawrence
The Use of Closed-Circuit Television in the Teaching of Psychiatry. J.Nerv.Ment.Dis.138:452-459(1964)

Television has been used for teaching purposes at the New York Neuropsychiatric Institute since 1960. It is used for instruction in interviewing techniques, psychotherapy, group therapy, child psychiatry and patient presentations before large groups. Specific criteria were established for selection of patients for psychotherapy demonstrations, otherwise there was no particular selection of patients. Teaching techniques are described. Television is considered an asset in all aspects of teaching.

Krystal, Henry
Postgraduate Teaching in Psychiatry: Combining Television and FM-Radio with Seminars. Psychosomatics 3:1-4(1962)

An eighteen-week course, given from Wayne State University Medical School, is described. Designed for continuing education of postgraduate students, the course was given via FM Radio and television. Monthly seminars, which brought students together for discussion, and reading lists complimented the broadcasts. Four topics were covered which were considered to be of benefit to the GP.

Because of insufficient publicity, only eight physicians enrolled on a regular basis. Further courses covered more specialized material aimed at specific groups, such as clergy, ob-gyn specialists, etc. A large number of physicians were surveyed to evaluate program and determine why there had been such small participation. Lack of publicity was chief reason. Findings also showed that those who watched part or all of the programs were motivated to enroll in formal courses later.

McDermott, John F., Saul I. Harrison
Some Considerations in the Use of Television during the Clinical Years. (Review in J.Med.Educ.39:889(1964))

At the University of Michigan Medical School, four groups of junior medical students were introduced to clinical psychiatry via a television tape showing the diagnostic process. Psychiatrists, psychologists and social workers were shown as a team in the evaluation of emotionally-disturbed children and their families. While television can impart either information or emotional impact, the latter was stressed in the preparation of the videotape for students so as to give them a 'feel' for psychiatric teamwork. It was found that spontaneity was more important than smoothness of presentation. Reaction from the students varied, some reacted by showing an increase in anxiety as they became emotionally involved. Suggestions for modifying television techniques to fit particular teaching objectives and students' needs are discussed.

McGuire, Frederick L., Tommy L. Stigall
Psychotherapy by Television: A Research Paradigm. Psychother.:Theory, Res. Pract.3:159-162(1966)

At the University of Mississippi Medical Center, an experiment was conducted where patient and therapist were physically separated from each other in separate rooms, and visual and auditory communication was possible only via two-way closed-circuit television. Patients controlled their ability to see and hear therapist via footswitch; failure to press switch lessened visual quality and reduced intensity of sound for patient. Therapist had full visual and auditory facilities at his command at all times. His image and sound were made a function of patient's response. There was no distortion of the therapy relationship, while recording made could be saved for future use.

McGuire, Frederick L.
The Use of Closed-Circuit Television and Video-Tape Recordings in Psychological Research and in the Clinical Teaching of Psychologists; Speech given at the Southeastern Psychological Association meeting, Atlanta, Ga., March 31, 1965 (unpubl.)

The various uses of television and videotape at the University of Mississippi Medical Center are described. Particular emphasis is placed on the training of students in conducting patient interviews, comparing this technique with older ones, such as one-way mirrors and the like. Uses in other departments of the Center are also described.

Michaux, Mary Helen, Mark J. Cohen, Albert A. Kurland
Closed-Circuit Television in the Scientific Measurement of Psychopathology. Med.Biol.Illus.13:49-57(1963)

The use of closed-circuit TV in seminars on the construction, modification and use of psychiatric rating scales is described. The same interview can be watched by several observers at their convenience; patients may be discussed while the interview is in progress, and the questions which may arise may be communicated to the interviewer via earphone without the patient's knowledge. Rater training seminars based on TV promote conceptual agreement among clinicians, reveal ambiguities and unclear wordings in assessment devices and indicate behavior of patients not presently covered in rating instruments.

Moore, Floy Jack, Stanley C. Russell, Oscar E. Hubbard, Clifton B. Davis, Brett R. Stuart, John E. Overall
Clinical Judgement: The Effectiveness of Television and Video Tape for the Symptomatic Evaluation of Psychiatric Patients. (Submitted for publ.)

The Overall-Gorham Brief Psychiatric Rating Scale was chosen as an instrument to test the relative reliability of patient ratings obtained by clinical interview (direct) versus videotape replays of the same interview. Two teams of psychiatrists at the University of Mississippi Medical Center interviewed twenty patients each, ten as active interviewers and ten as passive observers. Ratings were compared and a consensus rating achieved. Interviews had been videotaped and the teams reversed roles; those who had rated one group of patients live now rated another by video tape playback. Results of statistical analyses of obtained ratings showed that there was no significant difference between rating patients live and on videotape. There was considerable inter-rater discrepancy between teams as to amount of pathology seen, but not between ratings of live versus videotaped patients.

Moore, Floy Jack, Eugene Chernell, Maxwell J. West
O Wad Some Power the Giftie Gie Us: Television as a Therapeutic Tool. Arch.Gen.Psychiat.12:217-220(1965)

A group of patients at the University of Mississippi Medical Center were interviewed within 24 hours of admission. Each interview was videotaped; cameras were semi-concealed, but patients knew they were being taped. Alternate patients were shown a playback of the videotape immediately after interview, with the therapist present. Patients' comments were videotaped also. Follow-up interviews were videotaped four days after admission and then weekly, lasting five minutes each, until patients were discharged. Forty patients were subjected to videotaped playback, while a control group of forty were not. After discharge their records were compared and it was found that of those patients who viewed themselves a considerable number were maximally improved, while 50% of the non-view group was only minimally improved. Particularly improved were schizophrenics. It was found that the view group remained in the hospital somewhat longer, and became more intensely involved in therapy than the non-view group.

Onder, James J.
A Review of Television Formats for Students of Psychiatry. Health Sci.TV Bull.6:1-6(1969)

Summarizes advantages of television for the teaching of psychiatry: 1) A greater variety of patient presentations is possible 2) Image is magnified; a clearer view of patient by a large number of people is possible 3) Therapeutic technique is magnified, including non-verbal communication 4) Patient's image is transportable to various locations; rare pathologies may be captured and preserved for teaching use 5) Kinescoping is possible, making motion pictures available which can be more widely distributed than videotapes because of the availability of equipment everywhere. A beginning student often needs to see presentation more than once to capture all nuances 6) Videotape can be edited; some videotapes contain so much material that watching becomes confusing for beginning student. Too, graphics and slides can be interspersed with patient presentations. Several applications of particular techniques are described which are covered elsewhere in this bibliography.

Onder, James J.
The Use of Television in Psychiatric Treatment and Education. J.Soc. Motion Pict.Telev.Engrs.77:1034-1037(1968)

Aimed at a non-psychiatrist audience, this article summarizes the techniques of using television to visualize the patient in all the various aspects of the psychiatric profession. Describes uses by staff psychiatrists, students, residents, and patient self-viewing. Discusses production techniques, camera placement, equipment scheduling, set design, and personnel requirements.

Pascal, G. R., T. B. Cottrell, J. R. Baugh
A Methodological Note on the Use of Video Tape in Group Psychotherapy With Juvenile Delinquents. Int.J.Group Psychother.17:248-251(1967)

A group of juvenile delinquents, aged 12-18 years, who had been referred by a juvenile court, were shown videotaped playbacks of group psychotherapy sessions. Goals were set for each boy; parents were interviewed separately and were kept abreast of each boy's progress and goals. The two therapists conducting the experiment at the University of Mississippi Medical Center found that playback and discussion provided a corrective experience and reinforcement of desirable behavior.

Peterson, M. H., F. D. Strider
Confrontation Anxiety in Medical Students During Mirror-Room and Videotape Interviews, in (Conrad, H. J., ed. Health Sciences TV Source Book 1968, Council on Medical Television and Duke University Medical Center, 1968) pp.68-69.

This summary of a lengthier paper describes a study conducted to assess anxiety aroused in students during mirror-room and videotaped interviews. Tests were made before each interview to ascertain students' attitudes about the forthcoming interview. The supervisor also rated each student, whether he interviewed in a mirror-room or in the television studio. The University of Nebraska Psychiatric Institute utilized the data in their continuing evaluation of videotape instruction methods in medical education. No results are given in this summary.

Ramey, James W.
The Physician's Responsibility to the Patient: Videotape Problem-Solving in a Self-Instructional Mode, in (Lysaught, J. P., ed., Individualized Instruction in Medical Education, Univ. of Rochester, 1967, pp. 165-174.

Videotape simulation of actual cases was used at the University of Missouri Medical School to sharpen students' diagnostic skills. Role players were briefed and then allowed to act out "their" problems. Student group I used self-instructional techniques, student group II used videotape simulation. This method, as yet experimental, will include viewing of an examination tape by students and examiners. The latter will identify appropriate answers to questions. Student evaluation of the usefulness of this method will be part of the experiment. A control group will both make and view tapes, while experimental section will view tapes only. Control group will receive both formal theory discussion and problem discussion, while the experimental section will have no opportunity for formal discussion.

Ramey, James W.
Self-Instructional Uses of Television in Health Science Education; Presentation made at the Fourth Rochester Conference on Self-Instruction in Medical Education, June 1968, 9p.

Reviews TV activities at a number of medical schools, describes specific applications. Nebraska uses it for student psychiatric interviews and confrontations, Duke Medical School has study carrels with videotape playback capability, University of Southern California has programmed teaching using videotapes (described elsewhere in this bibliography), Texas Dental Branch has students labs with dial-access to multimedia, such as slides, stereo and videotapes, patient data and the like, which can be intermixed, and selectively used. Montefiore Hospital in New York uses video cameras for nursing observation from nursing stations. Supervisory nurse is in audio contact with attending nurse and can give instruction which are not heard by patient. Supervisor can watch fifteen patient rooms at the same time. Ramey stresses the need for developing self-instructional methods using TV for all medical practitioners as an effective means to provide training in interview techniques.

Ramey, James W.
Teaching Medical Students by Videotape Simulation. J.Med.Educ.43: 55-59(1968)

Describes further the simulation technique developed at the University of Missouri Medical School, reviewed in Ramey's paper (p.9). The technique was developed as a means of overcoming drawbacks of case-study and role-playing, while preserving the advantages of both. It tests students' perception of theories, and allows him to translate insight and knowledge gained into a modus operandi for himself. The role players become immersed in a given situation, and tend to act "normally", e.g. as a patient would. Criticism of their fellow students becomes more honest because viewers tend to dissociate players from real personalities.

Ramey, James W.
Television: Growing Pains of a New Teaching Medium. J.Med.Educ. 39:1107-1113(1964)

Describes a 1961 survey of eighty-eight medical schools to assess use of TV. At that time, eighteen Departments of Psychiatry used television in some fashion; over half of all medical schools were using it in one or more departments other than psychiatry. Forty-two schools owned cameras, and eleven of those were color equipment. A total of 179 departments (out of 1,500) in all medical schools were using TV.

Richter, H.E.
Television Transmission of Psychoanalytic Interviews. Psyche, 324-340 (1967)

The Psychosomatic Clinic in Giessen/Germany, uses closed circuit television to transmit psychoanalytic interviews for supervision and evaluation. A questionnaire of twenty-six scaled questions is used for a description of patients. Chief use is for self-critique, and critique of one therapist by another.

Ryan, J.
Teaching by Videotape. Ment.Hosp. 16:101-104(1965)

The New York State Psychiatric Institute serves as a teaching center for state mental hospital personnel. A considerable number of videotapes have been produced on topics such as: Psychobiology, psychotherapy sessions (including review and discussion), psychopathology, psychodynamics of major neuroses, as well as lectures on psychogenetics, neuroanatomy, hypnosis, and psychology. The videotape library contains one example of every major psychotic and neurotic subgroup, and is being edited continuously. An evaluation was undertaken in 1964 to assess the success of the program. Staffs of seven state mental hospitals to whom the materials had been made available were enthusiastic about the program in general; patient presentations and psychotherapy sessions rated very high, while lectures were generally considered dull. Most enthusiastic were paramedical personnel and students, residents ranked next, while faculty reaction ranged from mildly curious to indifferent at first. This attitude appears to be changing to a more favorable one as time has proved the worth of this program.

Schiff, S.B., R.S. Reivich
Use of Television as Aid to Psychotherapy Supervision. Arch.Gen. Psychiat. 10:84-88(1964)

The use of TV as an aid to supervision in psychiatry at the Kansas University Medical Center is described. The program was observed for a two-year period to assess its usefulness and its inherent problems. Uses included individual and group supervision, process-centered, with extension into resident or supervisor-centered supervision as necessary. Physical set-up and equipment are described. It is felt that supervision by television offers significant advantages over older methods.

Sethna, E.R., C.D. Neal
Television in Psychotherapy. Brit. Med.J.5457:364(1965) (Letter to the Editor)

The use of videotape at the Uffa Clinic in Birmingham, England is described. Weekly outpatient group psychotherapy sessions were taped, and it was found that the behavior of groups was not particularly affected. Television proved to be a better medium for supervising group therapy than having physicians in attendance.

Shostrom, Everett L.
Witnessed Group Therapy on Commercial Television. Amer.Psychol. 23:207-209(1968)

The Institute of Therapeutic Psychology in Santa Ana prepared twenty-one programs on group psychotherapy for broadcast on commercial television (KHJ-TV, Los Angeles). Evaluation of the programs showed that viewer response was 90% favorable and 10% unfavorable (700 letters were received). Laymen gained greater insight, but students complained about the lack of sufficient professional explanation. Patients reacted favorably, did not feel that public exposure caused loss of status. Therapists felt a pressure to be authentic and improved their methods. Professional colleagues were divided; some felt that there might be some danger that this type of open, "here and now" therapy might cause worsening of the patient's condition. Therapists did also feel, however, that this kind of exposure is valuable for self-awareness and is more like a real-life situation than a private therapy session. Drawback to this type of program was that it had to compete with other commercial broadcasts shown at the same time.

Stoller, Frederick H.
Group Psychotherapy on Television: An Innovation With Hospitalized Patients. Amer.Psychol. 22:158-162(1967)

At Camarillo State Hospital in California, regularly scheduled group therapy is conducted in a TV studio and broadcast to TV receivers on the wards. Patients consist mostly of the chronically ill. There was excellent participation and several patients improved markedly. Also broadcast are hospital-generated programs of an informational or instructional nature, entertainment with patient participation and the like. The experiment with group therapy sessions showed that these need not be held in a private office but viewing by patients outside the group is beneficial both for participants and viewers.

Stoller, Frederick H., Anthony Lapolla
TV and the Patient's Self Image. Roche Rep. 2:1-2(1965)

Another description of open broadcast program at Camarillo State Hospital. Group sessions were taped and immediately replayed to the group as well as ward patients. Equipment was usually manned by patients and was in full view of the group. There were informal group sessions, as well as structured programs based on real-life experiences and problems, which were dramatized and immediately afterward discussed by small groups of patients.

Suess, James F.
Self Confrontation of Videotaped Psychotherapy as a Teaching Device for Psychiatric Students. (Subm. for publ.Mar.1969)

Describes in depth advantages as well as problems encountered in the use of TV for resident training at the Department of Psychiatry, University of Mississippi Medical Center. Psychiatric residents use videotaped playback for self-confrontation, for supervisory sessions, and for continuous case presentation. The effect of confrontation on the student's awareness of his own affective communication with patients is stressed. Instead of seeing himself as following a particular theory or kind of therapy, the student sees himself as he actually interacts with the patient - the "here and now". The supervisor's theoretical orientation does not interfere with this recognition of a student's affectivity; the labels assigned to a student's methods may be different, but what is observed on tape is the dynamics of the actual interview. Defensiveness before the camera is often observed in the beginning, but as the student is shown his discomfort, his stilted behavior or his attempts to please the supervisor, he works through this and gains fresh insight into his own feelings and actions. When TV is used in confrontation with patient and student both present, initial defensiveness can become obvious to both. As mutual trust develops, defensiveness tends to decrease. Neither patient nor student ever completely forget the presence of the camera, but this is considered beneficial rather than a deterrent to learning.

Suess, James F.
Teaching Clinical Psychiatry with Closed-Circuit Television and Videotape. J.Med.Educ. 41:483-488(1966)

The use of closed-circuit television and videotape at the University of Mississippi Medical Center Department of Psychiatry are described. The teaching of the diagnostic and therapeutic process readily adapts itself to television; the quality of the results depends on the proper planning, use and technical performance of the system. TV is used to record student interviews so as to enable the instructor to give more detailed and direct comment on the student's technique. Grand Rounds presentations are enhanced by videotape, edited for showing the details most significant to the therapist. This also eliminates any self-consciousness or embarrassment the patient may suffer in front of a live audience. Libraries of examples can be assembled and are readily available when needed. Visiting lectures can be taped for future use. All this material could be exchanged between various medical centers using television, thus making a wide variety of teaching aids available to the psychiatric community. Kinescope recordings are easily made for those centers not owning TV equipment. Videotape can become a valuable aid in conducting psychiatric research more objectively than in the past; with methods for measuring and determination of what to measure being the major task at the present time. A number of ongoing studies at the University of Mississippi are described.

Trethowan, W.H.
Teaching Psychiatry by Closed Circuit Television. Brit.J.Psychiat. 114:517-522(1968)

At the University of Birmingham, England, TV is used for teaching psychotherapy. Interviewing skills are improved and case histories visually established. Students are given broader knowledge of different kinds of cases. Acute disturbances can be recorded for future study, and special psychiatric procedures can be demonstrated. Suggests that research studies based on televised material could be on the etiology of expression, and on diagnostic criteria for psychiatric cases. After using TV for two years for psychiatric interviewing, it is felt that interviews can now be conducted with greater degree of frankness than was possible in front of a live audience.

Trull, Samuel G.
California Medical Team Video-Tapes Sessions. Med.Tribune, Jan.15-16, 1966:10

At the Kaiser Foundation Rehabilitation Center, Vallejo, California, a pilot project was conducted using videotape to recordings to assess attitudes of the members of a typical medical team discussing a patient. Team members, somewhat shaken by seeing themselves in action, responded by relating better to other members of the team, and by freely expressing self-criticism.

Video Gives Patients Clearer View of Themselves. Med.World News 7:92-93 (1966)

Describes patient confrontation via videotape at the New York Medical College. The "image impact" can be more convincing than hours of therapy; more than 90% of patients exposed to seeing themselves were helped by the experience. This was particularly true for married couples. At the Jefferson Medical College in Philadelphia, motion pictures were used for confrontation. This method proved to be particularly good with alcoholics. "Kinetic" signals appeared to be more affective than verbal ones.

Walz, G. R., J. A. Johnston
Counselors look at themselves on videotape. J.Counsel.Psychol. 10: 232-236(1963)

This exploratory investigation was concerned with counselor changes in self perception as a result of video viewing their interviews. A measure of self-perception, an Interview Check List, was filled out by 30 NDEA counselor candidates after an interview and again after viewing the interview on videotape. Evidence suggests that the experience gave counselors greater confidence in their interviewing and greater awareness of personal qualities in addition to increasing their desire for greater awareness of personal qualities in addition to increasing their desire for self study.

While counselors became less positive in description of themselves, this evaluation was more in line with their supervisor's rating. Personality variables as measured by the Bills Inventory of Adjustment and Values and Welsh's Anxiety Index were found to be somewhat related to direction and amount of change as a result of video viewing. (Author Abstract)

Wilmer, Harry A.
Innovative Uses of Videotape on a Psychiatric Ward. Hosp.Community Psychiat. 19:129-133(1968)

A number of different uses of videotape are described as developed at the Langley Porter Neuropsychiatric Institute in San Francisco. Ward patients were taped, with particular emphasis on adolescent drug users. Patient's self-awareness was increased through playback and discussion. Psychodramas were videotaped, segments of which were replayed immediately for discussion. During a patient's first week on the ward, he was videotaped in an interview with his therapist for the purpose of exploring the patient-therapist relationship together during playback. Another approach was to record random patient activities on the ward for one full day; a three-hour videotape was created with jazz music accompaniment composed according to patient's activities. Patients also spent time alone with the camera; some talked more freely "to" the camera than to the therapist. Two cameras are always used to allow focus to be varied. Split-screen techniques are used for playback. Patients reacted favorably to the various uses of videotapes; initial resistance by staff disappeared as they became more comfortable with the medium.

Wilmer, Harry A.
Practical and Theoretical Aspects of Videotape Supervision in Psychiatry. J.Nerv.Ment.Dis. 145:123-130(1967)

This article reviews most of the pertinent literature on TV in psychiatry. Particular emphasis is placed on the use of hidden versus unconcealed cameras. Ten-minute segments of videotape are considered sufficient for evaluation, longer ones have too much material to be easily absorbed by students. Immediate replay follows, with subsequent discussion, lasting 50-60 minutes. At the University of California Medical Center in San Francisco, patients often man cameras, as do therapists; the camera is always in full view of patient and therapist. Split-screen and superimposition techniques are used to improve the product. Videotaping patients can be anxiety-provoking; patients watching with therapist experience strong emotional abreaction. Videotape machine is likened to an analyst; both are silent, objective and don't get involved in direct interaction with patient. Patients sometimes exhibit transference manifestations to machine as they do toward therapist.

Wilmer, Harry A.
The Role of the Psychiatrist in Consultation and Some Observations on Videotape Learning. Psychosomatics 8:193-195(1967)

Describes the role of the psychiatrist as a consultant to M.D. and patient. Videotape is used to teach M.D.s how to deal with "problem patients". It is also used for training medical students in interview techniques; non-verbal communication may be observed and analyzed during playback. The psychiatric consultant can observe an interview on videotape and help analyze problems without being present as a third party in the interview room. Two cameras and two camera men are used in full view of patient and doctor, and split-screen technique shows both as they see each other.

Wilmer, Harry S.
Television as a Participant Recorder. Amer.J.Psychiat. 124:1157-1163 (1968)

There are advantages of having the television camera act as a participant recorder rather than having a human participant observer. The observer is no longer the only source of thought from which phenomena are selected; there is no time lag between the event and the recording of it, and immediate replay can correct distortions in evaluation. Machinery has no built-in biases, and no emotional involvement, and playback is unedited, recording the event just as it occurred. The director, with the psychiatrist-teacher at his side, can minimize such bias as he may have, and can record events as objectively as possible. Open, undisguised use of TV cameras allows greater mobility of equipment, increased flexibility of camera angles and more interesting pictures. At the University of California School of Medicine, where this work was carried out, it was found that undisguised cameras were less disturbing to suspicious or paranoid patients. The cameras were used forsupervision of psychiatric residents, and medical students.

Wilmer, Harry A.
Television: Technical and Artistic Aspects of Videotape in Psychiatric Teaching. J.Nerv.Ment.Dis. 144:207-223(1967)

More technical discussion of camera equipment and techniques than articles cited above. Presents practical guidelines for successful program production and describes several produced at the University of California Medical Center. Psychiatrist often act as cameraman; camera is always in full view of patients.

Wilmer, Harry A.
The Undisguised Camera in Psychiatry. Visual/Sonic Med. 3:5-11(1968)

Although in some instances a concealed camera might be useful, it is not always necessary and sometimes undesirable. Videotaping is done either in TV studio or therapists' offices with undisguised cameras and cameramen.

Equipment and techniques of using undisguised camera are described. Videotape is considered an important adjunct to good clinical teaching and supervision in psychiatry. It requires a feeling for the arts of medicine and human relations.

Woody, Robert H., David R. Krathwohl, Morman Kagan, William W. Farquhar
Stimulated Recall in Psychotherapy Using Hypnosis and Videotape. Amer.J.Clin.Hypn. 7:234-241(1965)

At Michigan State College of Education IPR (Interpersonal Process Recall) is being experimentally used to record a person's behavior and to help him relieve an earlier experience. Counseling sessions are videotaped, played back on split screen, and counselor and client see themselves simultaneously. Client and counselor are interrogated separately, and this interrogation is videotaped and discussed. Hypnosis is used to reinforce therapy. Findings suggest that client's responses are more positive after hypnotic suggestion and replay of tapes. They become more acutely observant of their own behavior, and more eager to achieve positive results. Verbalization improves, with more affect present.

Yonge, K. A.
The Use of Closed-Circuit Television for the Teaching of Psychotherapeutic Interviewing to Medical Students. Can.Med.Ass.J. 92:747-751(1963)

At the University of Alberta, Department of Psychiatry, an experimental group of sixty-four medical students were videotaped for thirty-eight hours. After a ten-hour demonstration of video techniques, students began to apply these in interview situations. During the course of one semester, there appeared a gradual shift from diagnostic to psychotherapeutic emphasis during the interviews. Evaluation showed that students considered this type of course as important as any other, and learned a "moderate" amount about medical interviewing, people as patients, and themselves in dealing with patients.

ADDENDA (received too late for inclusion in alphabetical sequence):

Evans, Jerome R.
Research Progress Report; Television Research Project, Camarillo State Hospital, October, 1968 (unpublished)

This is a report of an NIMH project to "evaluate educational and therapeutic uses of television in a mental hospital setting. Television programs are prepared in the project's studios and broadcast to hospital personnel and patients over a closed-circuit network. The studies summarized below represent our efforts to assess the effects of specific programs or methods of using the television medium."

1. Patient Comprehension of Therapeutic Television (TTV) Programs: Data have been collected for seven months of 1200 patients to assess the ability of mental patients to comprehend brief TTV programs. 25-30% of the

patients understand TV well enough to give a verbal report on content. IQ scores appear to be valid predictors of program comprehension.

2. Evaluation of Content and Presentation Format of TTV Programs: Structured interviews are being developed to find topics most popular with patients. Topics such as how members of the mental health team can help, and why medication is required, are apparently most requested. Modes of presentation have not yet been studied.

3. Developing Response Measures for TTV Program Effects: A number of tests are being field-tested, other may be developed as time permits. A unique form of testing consists of photographs (some from programs viewed, others from different programs) to study retention. Non-verbal responses are also being studied.

4. The Effect of Therapeutic Television Programs on Mental Hospital Patients: Face-to-Face Discussions vs. TTV Viewing: Effect of programs on opinion-formation is being studied. TTV programs had significantly greater effect on opinion than discussion with psychologists; discussion following the program did not enhance its impact.

5. Effect of Community Visitation vs. Community Education Through TTV: This study will compare effects of actually visiting community living facilities for ex-patients with viewing a TTV program about these same facilities. Measuring instruments for this study are being prepared.

6. Effects of TTV Programs on Mental Hospital Patients: Personality and Persuasibility: Presently underway is a study to determine how the effect of TTV on opinion formation may vary according to patient's personality and background.

7. The Effect of TTV Programs on Mental Hospital Patients: Cognitive Abilities and Persuasibility: As yet in its planning stage,this study will focus on cognitive factors associated with opinion change. Mental patients are highly resistant to persuasive communication.

Other activities supported by the project are in-service training of nursing and psychiatric staffs, the latter particularly for group therapy, and an evaluation of TTV by a random sample of treatment staff. Staff criticism included statements that programs were too complicated for patient comprehension, and uninteresting. Most felt the medium had good potential as a tool for rehabilitation. Other findings present specific ways in which TTV can be applied in a hospital setting. A report on the project is in preparation.

Froelich, R. E., F. M. Bishop
One Plus One Equals Three. Med.Biol.Illus. 19:15-18(1969)

Although not on TV in psychiatry, a description of this article is included because it presents a somewhat different use of the medium for medical education. Simulation of real life situations are used to instruct medical students in understanding behavior of all participants. For example, a situation might include a cardiac patient, his doctor, nursing staff, and his family. Each has different feelings about the treatment plan. In a simulated situation, each participant is given a brief description of his

role and a statement of the stand or position he is to take. Role players are videotaped without rehearsal or staging; the real life situation is preserved by having only those participants in front of the camera who would actually be involved at any one time. The presentation usually lasts thirty minutes, and is then discussed with the student group. A time lapse between taping and showing is considered desirable so that the group may react more objectively. This simulation technique has been used with students, house staffs, and practicing physicians. It has proven to be successful in that it stimulates discussion of alternative approaches to a given situation, and brings to the surface underlying feelings and problems.

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